



Anxiety, Depression, and Associated Factors among Teachers during the COVID-19 Pandemic: A Multi-Centre Cross-Sectional Study in Zambia

Steward Mudenda^{1*}, Maisa Kasanga², Scott Kaba Matafwali³, Roland Nnaemeka Okoro⁴, Ruth Lindizyani Mfune⁵, Tina Haanyanga¹, Matildah Nyoni¹, Annie Mumba¹, Godfrey Mayoka⁶, Victor Daka⁵, Christabel Nang'andu Hikaambo¹, Webrod Mufwambi¹, Shafiq Mohamed⁷, Billy Chabalenge⁸

¹Department of Pharmacy, School of Health Sciences, University of Zambia, Lusaka, Zambia

²Department of Epidemiology and Biostatistics, School of Public Health Zhengzhou University, Zhengzhou, China

³Department of Clinical Research, Faculty of Infectious and Tropical Diseases, London School of Hygiene & Tropical Medicine, London, UK

⁴Department of Clinical Pharmacy and Pharmacy Administration, Faculty of Pharmacy, University of Maiduguri, Maiduguri, Nigeria

⁵Department of Public Health, Michael Chilufya Sata School of Medicine, Copperbelt University, Ndola, Zambia

⁶School of Pharmacy, Jomo Kenyatta University of Agriculture and Technology, Nairobi, Kenya

⁷Medicines Management and Pharmacy Services, St. James University Hospital, Leeds Teaching Hospitals NHS Trust, Leeds, UK

⁸Department of Medicines Control, Zambia Medicines Regulatory Authority, Lusaka, Zambia

Email: *steward.mudenda@unza.zm

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Abstract

Background: The coronavirus disease 2019 (COVID-19) pandemic inflicted unprecedented work-related strain, negatively impacting the mental health of many, including teachers. This study assessed the impact of COVID-19 on the mental health of secondary school teachers in Lusaka, Zambia. **Materials and Methods:** This cross-sectional study was conducted among 388 teachers in selected secondary schools in Lusaka district, Zambia, from July 2022 to September 2022. Data were collected using the Hospital Anxiety and Depression Scale (HADS) and analysed using IBM SPSS version 28.0. Statistical significance was determined at a 95% confidence level. Logistic regression was used to determine the factors that influenced anxiety and depression levels among teachers. **Results:** Among the 388 teachers, the prevalence of anxiety and depression was 72% and 73%, respectively. Factors associated with anxiety were; being quarantined due to COVID-19 (AOR = 1.96, 95% CI: 1.11 - 3.45), having a chronic condition (AOR = 2.45, 95% CI: 1.19 - 5.05), having a friend or relative with COVID-19 (AOR = 1.8, 95% CI: 1.08 - 2.99) and expe-



riencing death of either a friend or relative (AOR = 2.36, 95% CI: 1.48 - 3.76). Factors associated with depression included; having a friend or relative with COVID-19 (AOR = 2.63, 95% CI: 1.38 - 5.00), experiencing the death of either a friend or relative (AOR = 2.03, 95% CI = 1.16 -3 .54) and suffering income disruptions due to COVID-19 (AOR = 1.65, 95% CI: 1.02 - 2.66). **Conclusions:** This study found that anxiety and depression were highly prevalent, especially among teachers with predisposing factors. These findings demonstrate the need to develop and implement strategies to tackle mental health challenges among teachers, especially during pandemic periods.

Subject Areas

Epidemiology

Keywords

COVID-19, Mental Health, Anxiety, Depression, Secondary Schools, Teachers, Zambia

1. Introduction

The coronavirus disease 2019 (COVID-19) is a respiratory infectious disease caused by severe acute respiratory syndrome coronavirus-2 (SARs-Cov-2) [1]-[6]. It erupted in Wuhan City, China, in 2019 and was declared a global pandemic on 11th March 2020 by the World Health Organization (WHO) [7] [8]. Most infected people developed mild to moderate and sometimes severe symptoms and presented with fever, cough, sore throats, chest pain, and difficulty breathing [9] [10] [11] [12] [13].

The COVID-19 pandemic negatively impacted livelihoods and professions in different and complex ways [14] [15] [16] [17]. The teaching profession was one of the most affected categories [9] [18] [19] [20], leading to the transition of learning from physical classrooms to online learning [21]-[29]. Following the COVID-19 restrictions, several psychological impacts have been reported among teachers in different studies [30]-[35].

The impact of COVID-19 on teachers' mental health varies tremendously, and possibly many were under more intense psychological stress than before [14] [33] [36] [37] [38] [39]. Some psychological impacts of COVID-19 include fear, worry, anxiety, depression, stress, social isolation, increased alcohol intake, and insomnia, which tend to be normal reactions to perceived or actual threats [1] [40]-[45].

Evidence has shown that some of the factors that could have led to the mental health impacts of COVID-19 on teachers were technological challenges associated with the provision of online learning [46] [47] [48], fear of contracting the disease, and adherence to the recommended preventive measures [46]. Additionally, studies reported that individuals were quarantined and isolated were

most likely to experience mental health challenges [49] [50] [51] [52]. Furthermore, isolation from families and friends, boredom, restricted freedom, and uncertainty may lead to mental health problems [33] [49] [53]. Overall, teachers experienced increased symptoms of anxiety, depression, burnout, job insecurity, and stress during the COVID-19 pandemic [40] [54]-[62]. This pool of evidence indicates the urgent need to develop and implement strategies to mitigate mental health impacts occasioned by pandemic crises such as that experienced with COVID-19 [63] [64] [65].

In Zambia, the effect of COVID-19 on the mental health of individuals has been reported [15] [35] [52] [66] [67]. However, there is a paucity of information on the impact of COVID-19 on the mental health of secondary school teachers, a critical subset of educational professionals who prepare students for future lifelong careers. This study, therefore, assessed the impact of COVID-19 on anxiety and depression levels of teachers and associated factors from selected secondary schools in Lusaka, Zambia.

2. Materials and Methods

2.1. Study Design, Site, and Population

This cross-sectional study was conducted from July 2022 to September 2022 among secondary school teachers in Lusaka district, Lusaka Province, Zambia. Lusaka is the capital city of Zambia and has a population of more than 2,191,225, with a population density of 100 persons per square kilometer [68]. Enrolment eligibility was based on being a teacher in a selected secondary school and providing informed consent to participate in the study.

2.2. Sample Size Determination and Sampling Criteria

A total of 32 secondary schools were randomly sampled from 111 schools in Lusaka. The sample size was estimated using Cochran's formula, as explained in a previous study [69]. Since no prior related study was conducted in Zambia, an assumed prevalence of 50% and a margin of error of 5% were used, resulting in a minimum sample size of 385. Participants were selected using a simple random sampling to provide a chance for every teacher to be included in the study. To meet our estimated sample size, we circulated 420 questionnaires across the 32 schools, with each school receiving either 13 or 14 questionnaires. Responding to a questionnaire took approximately 20 to 30 minutes per participant.

2.3. Data Collection

Data collection was done using the validated English version of the Hospital Anxiety and Depression Scale (HADS) [70] [71]. This tool has been used to assess anxiety and depression levels during the COVID-19 pandemic across populations [72] [73] [74] [75]. The questionnaire has a scale of 0 - 21, of which scores of 0 - 7 imply normal (no anxiety or depression), 8 - 10 refers to mild anxiety, and 11 - 21 suggest moderate to severe anxiety [72] [76]. The questions that were

used to assess the factors associated with anxiety and depression were adapted from a previous study [77].

2.4. Statistical Analysis

The data collected were entered into Microsoft Excel (Microsoft, Redmond, WA, USA) cleaned, checked for completeness, and coded before being exported into Statistical Package for the Social Sciences (SPSS) version 28.0 (IBM Corp Armonk, NY: USA) for analysis. In this study, having anxiety was defined as a combination of borderline and abnormal anxiety levels (that is HADS score of eight and above). In logistic regression analysis, just like anxiety, depression was defined as a dichotomous variable as “having depression” (borderline plus abnormal levels) and “not having depression” (normal levels of depression). Firstly, descriptive statistics of sociodemographic characteristics and mental health (anxiety and depression) factors were computed and summarised as frequencies and percentages. Secondly, Pearson’s chi-square test of independence was performed to assess the association between categorical variables. Lastly, univariate analysis and multivariate logistic regression were conducted to identify factors associated with anxiety and depression and control for possible confounders. In univariate analysis, all variables with a $p < 0.2$ were transferred into the multivariate logistic regression model. The variables with a $p < 0.05$ in multivariate logistic regression were considered significant and were reported as the factors that predisposed school teachers to anxiety and depression. Sociodemographic factors in this study were not included in multivariate logistic regression model because they had higher p -values ($p > 0.20$) than the set threshold of 20% at univariate analysis stage. Odds ratios, p -values, and 95% confidence intervals were reported to estimate the strength of the association. A p -value of less than 0.05 was statistically significant for all statistical analyses at a 95% confidence level.

2.5. Ethical Considerations

This study was conducted after Ethical approval (protocol number 2022112301178) from the University of Zambia Health Sciences Research Ethics Committee (UNZAHSREC). Participation in this study was voluntary and the research was conducted ethically regarding privacy, confidentiality, and respect for autonomy. All participants were informed about the purpose of the study and were enrolled upon providing informed and written consent.

3. Results

3.1. Sociodemographic Characteristics of Study Participants

A total of 388 secondary school teachers were enrolled in the study giving a response rate of 92.4%. The minimum age of the respondents was 18 years, and a modal age group ranged from 34 to 41 years. The majority of the participants were female (56.7%) and married (70.1%) (Table 1).

Table 1. Sociodemographic characteristics of study participants.

| Variables | Frequency (n) | Percentage (%) |
|-----------------------------|---------------|----------------|
| Age category (years) | | |
| 18 - 25 | 67 | 17.3 |
| 26 - 33 | 106 | 27.3 |
| 34 - 41 | 120 | 30.9 |
| 42 - 49 | 61 | 15.7 |
| 50 and above | 34 | 8.8 |
| Sex | | |
| Female | 220 | 56.7 |
| Male | 168 | 43.3 |
| Religion | | |
| Christianity | 379 | 97.7 |
| Islamic | 9 | 2.3 |
| Marital status | | |
| Single | 98 | 25.3 |
| Divorced | 11 | 2.8 |
| Widowed | 7 | 1.8 |
| Married | 272 | 70.1 |
| Residence | | |
| Rural-urban | 6 | 1.5 |
| Urban | 382 | 98.5 |

3.2. Experiences of Secondary Teachers during the COVID-19 Pandemic

Of the total participants, 34.8% had suffered from COVID-19, and 32.7% had been quarantined. In addition, 68.8% and 51.8% had a friend or relative who had suffered from COVID-19 and died, respectively. Further, at least 84.3% of the participants indicated practising physical or social distancing, while 33.5% perceived the COVID-19 preventive measures as stressful. Twenty-eight (7.2%) had a mental health problem, 19.1% had a chronic condition, and 44.1% had their income negatively affected by the COVID-19 pandemic (**Table 2**).

3.3. Levels of Anxiety and Depression among Secondary School Teachers

The study found that most secondary school teachers experienced severe symptoms of anxiety and moderate symptoms of depression (**Table 3**).

Table 2. Experiences of participants during the COVID-19 pandemic.

| Variables | Frequency (n) | Percentage (%) |
|---|---------------|----------------|
| Suffered from COVID-19 | | |
| No | 230 | 59.3 |
| Yes | 135 | 34.8 |
| Do not know | 23 | 5.9 |
| Friends or relatives had COVID-19 | | |
| No | 109 | 28.1 |
| Yes | 267 | 68.8 |
| Do not know | 12 | 3.1 |
| A friend or relative died from COVID-19 | | |
| No | 174 | 44.8 |
| Yes | 201 | 51.8 |
| Do not know | 13 | 3.4 |
| Was quarantined due to COVID-19 | | |
| No | 261 | 67.3 |
| Yes | 127 | 32.7 |
| Practice physical/social distancing | | |
| No | 56 | 14.4 |
| Yes | 327 | 84.3 |
| Do not know | 5 | 1.3 |
| COVID-19 preventive measures are stressful | | |
| No | 258 | 66.5 |
| Yes | 130 | 33.5 |
| Have a mental health problem | | |
| No | 360 | 92.8 |
| Yes | 28 | 7.2 |
| Had chronic condition | | |
| No | 314 | 80.9 |
| Yes | 74 | 19.1 |
| Income was affected due to COVID-19 | | |
| No | 217 | 55.9 |
| Yes | 171 | 44.1 |

Table 3. Distribution of anxiety and depression levels among secondary school teachers.

| Variable | Mild n (%) | Moderate n (%) | Severe n (%) |
|------------|------------|----------------|--------------|
| Anxiety | 108 (28.0) | 87 (22.0) | 193 (50.0) |
| Depression | 105 (27.0) | 146 (38.0) | 137 (35.0) |

3.4. Factors Associated with Secondary School Teachers' Anxiety

Teachers who had a friend or relative with COVID-19 were 1.8 times more likely to have anxiety (AOR = 1.80, 95% CI: 1.08 - 2.99); teachers who had a friend or relative who had died from COVID-19 were 2.36 times more likely to have anxiety than those who did not (AOR = 2.36, 95% CI: 1.48 - 3.76). Furthermore, teachers who were quarantined due to COVID-19 and those with chronic conditions were 1.96 times (AOR = 1.96, 95% CI: 1.11 - 3.45) and 2.45 times (AOR = 2.45, 95% CI: 1.19 - 5.05) more likely to have anxiety, respectively, compared to those who did not (Table 4).

3.5. Factors Associated with Secondary School Teachers' Depression

Teachers who had a friend or relative with COVID-19 were 2.63 times more likely to have depression (AOR = 2.63, 95% CI: 1.38 - 5.00); also, teachers who had a friend or relative who died from COVID-19 were 2.03 times more likely to have depression than those who did not (AOR = 2.03, 95% CI: 1.16 - 3.54). Furthermore, teachers whose income was negatively affected due to COVID-19 were 1.65 times more likely to be depressed than those who did not (AOR = 1.65, 95% CI: 1.02 - 2.66) (Table 5).

4. Discussion

The COVID-19 pandemic impacted the mental health of individuals across professions, teachers being no exception. The current study revealed a high prevalence of anxiety and depression among the study participants. Some factors were associated with anxiety, including having a friend or relative who had contracted COVID-19, having a friend or relative who died from COVID-19, being quarantined during the pandemic, and having a chronic condition. Additionally, factors associated with depression included having a friend or relative who contracted COVID-19, experiencing the loss of a friend or relative due to COVID-19, and facing financial strain due to the effect of COVID-19 on their flow of income.

The prevalence of anxiety (72.0%) among secondary school teachers in our study was alarmingly high during the COVID-19 pandemic; this could significantly affect their work output and, indirectly, cascade to negatively impact their students. The high prevalence of anxiety among teachers during the COVID-19 pandemic was also reported in Chile (73%) [55], Jordan (67.9%) [78], and Spain (66.8%) [54]. However, the prevalence of anxiety reported in our study was higher than that found in Malaysia (55.5%) [79], Poland (50.7%) [33], Brazil

Table 4. Factors influencing anxiety among secondary school teachers.

| Variables | Univariate Logistic Regression | | | | Multivariate Logistic Regression | | | | |
|---|--------------------------------|------|---------------|-------|----------------------------------|------|---------------|-------|--|
| | <i>p</i> -value | COR | 95% CI of COR | | <i>p</i> -value | AOR | 95% CI of AOR | | |
| | | | Lower | Upper | | | Lower | Upper | |
| Suffered from COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.003 | 2.15 | 1.30 | 3.57 | 0.959 | 0.98 | 0.47 | 2.04 | |
| Do not know | 0.116 | 2.44 | 0.80 | 7.41 | 0.671 | 1.30 | 0.39 | 4.31 | |
| Friends or relatives had COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.001 | 2.28 | 1.42 | 3.66 | 0.024 | 1.80 | 1.08 | 2.99* | |
| Do not know | 0.998 | 1.00 | 0.00 | 0.00 | 0.998 | 1.00 | 0.00 | 0.00 | |
| A friend or relative died from COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.0001 | 2.58 | 1.63 | 4.09 | 0.0001 | 2.36 | 1.48 | 3.76* | |
| Do not know | 0.998 | 1.00 | 0.00 | 0.00 | 0.998 | 1.00 | 0.00 | 0.00 | |
| Was quarantined due to COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.002 | 2.35 | 1.38 | 3.97 | 0.020 | 1.96 | 1.11 | 3.45* | |
| Practice physical/social distancing | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.067 | 0.51 | 0.25 | 1.05 | - | - | - | - | |
| Do not know | 0.998 | 1.00 | 0.00 | 0.00 | - | - | - | - | |
| COVID-19 preventive measures are stressful | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.964 | 1.01 | 0.63 | 1.62 | - | - | - | - | |
| Had mental health problem | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.023 | 5.43 | 1.27 | 23.27 | 0.213 | 2.69 | 0.57 | 12.74 | |
| Had chronic condition | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.003 | 2.90 | 1.43 | 5.89 | 0.015 | 2.45 | 1.19 | 5.05* | |
| Income was affected due to COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.029 | 1.67 | 1.05 | 2.64 | 0.684 | 1.11 | 0.67 | 1.86 | |

Key: AOR = Adjusted odds ratio, CI = Confidence interval, COR = Crude odds ratio, Ref = Reference category. *Factors that are significantly ($p < 0.05$) associated with anxiety after adjusting for potential confounders which included: suffering from COVID-19 and having a mental problem.

Table 5. Factors influencing depression among secondary school teachers.

| Variables | Univariate Logistic Regression | | | | Multivariate Logistic Regression | | | | |
|---|--------------------------------|------|---------------|-------|----------------------------------|------|---------------|--------|--|
| | <i>p</i> -value | COR | 95% CI of COR | | <i>p</i> -value | AOR | 95% CI of AOR | | |
| | | | Lower | Upper | | | Lower | Upper | |
| Suffered from COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.0005 | 2.58 | 1.52 | 4.40 | 0.139 | 1.60 | 0.86 | 2.97 | |
| Do not know | 0.473 | 1.43 | 0.54 | 3.76 | 0.861 | 1.10 | 0.39 | 3.08 | |
| Friends or relatives had COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.000 | 3.72 | 2.29 | 6.05 | 0.003 | 2.63 | 1.38 | 5.00* | |
| Do not know | 0.162 | 2.64 | 0.68 | 10.28 | 0.120 | 7.69 | 0.59 | 100.80 | |
| A friend or relative died from COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.0001 | 2.67 | 1.66 | 4.28 | 0.013 | 2.03 | 1.16 | 3.54* | |
| Do not know | 0.904 | 0.93 | 0.29 | 2.97 | 0.880 | 0.91 | 0.27 | 3.04 | |
| Was quarantined due to COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.003 | 2.23 | 1.31 | 3.77 | 0.892 | 1.05 | 0.50 | 2.20 | |
| Practice physical/social distancing | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.474 | 0.78 | 0.40 | 1.53 | - | - | - | - | |
| Do not know | 0.870 | 1.21 | 0.12 | 11.79 | - | - | - | - | |
| COVID-19 preventive measures are stressful | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.965 | 1.01 | 0.63 | 1.62 | - | - | - | - | |
| Had mental health problem | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.261 | 1.77 | 0.65 | 4.78 | - | - | - | - | |
| Had chronic condition | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.380 | 1.31 | 0.72 | 2.37 | - | - | - | - | |
| Income was affected due to COVID-19 | | | | | | | | | |
| No | | Ref | | | | | | | |
| Yes | 0.010 | 1.85 | 1.16 | 2.95 | 0.042 | 1.65 | 1.02 | 2.66* | |

Key: AOR = Adjusted odds ratio, CI = Confidence interval, COR = Crude odds ratio, Ref = Reference category. *Factors that are significantly ($p < 0.05$) associated with anxiety after adjusting for potential confounders which included: suffering from COVID-19 and having a mental health problem.

(49.4%) [80], Bangladesh (43.7%) [81], and China [82]. The current study's high anxiety levels among teachers could be explained by challenges with coping mechanisms in the transition from physical learning to online-based learning which was introduced abruptly due to the closure of schools. Similar observations have been made in other studies [54] [83] [84] [85], partially due to the use of educational technology and challenges associated with online learning, including poor internet connectivity and electricity outages [86]. Additionally, the uncertainties posed by the rapidly evolving updates regarding the pandemic could have further increased anxiety among teachers [56]. Therefore, it is important to ensure that proper preparations concerning orientations in the use of education technology platforms and adequate teacher support are considered in future related circumstances. Similarly, mental health and wellness for teachers should be prioritised and teachers need to be sensitised on how to handle anxiety and stress including mitigating against burnout and other mental challenges.

The prevalence of depression among teachers in our study was also high (73.0%), similar to what was reported in Jordan (78.7%) [78], Saudi Arabia (78.2%) [87], and Sudan (75.0%) [88]. However, lower levels of anxiety were reported in other studies, including 67.0% in Chile [55], 59% in China [82], and 34.5% in Bangladesh [81]. The depression among teachers has been reported to be due to fears of contracting COVID-19 and worries about infecting their families and friends [82]. The high prevalence of depression obtained in the current study is worrying and could ultimately affect their work performance. Relevant support structures are required to facilitate coping mechanisms, mental resilience, and increased morale and work satisfaction among teachers.

The present study found that teachers who had a relative or friend that had COVID-19 or died from it were more likely to suffer from anxiety. Our findings align with those reported from other studies where teachers who had a friend or relative who had suffered or died from COVID-19 were more likely to suffer from anxiety [54] [89]. Moreover, quarantined teachers and those with chronic conditions were more likely to experience anxiety similar to previous findings [49] [50] [78] [90] [91] [92]. In Japan, anxiety among teachers was found to be influenced by teachers' concerns for their safety and that of their families as well as concerns about the academic progress of their students [93]. Furthermore, the pressure to adapt to online teaching modes and the lack of on-boarding administrative support contributed to the anxiety that teachers experienced while transitioning to online learning platforms during the COVID-19 pandemic [56].

The current study revealed that teachers who had a friend or relative diagnosed with COVID-19 and/or died from it were more likely to suffer from depression. These findings corroborate findings from some studies in Chile, where most teachers experienced depression due to having a family history of COVID-19 or death associated with the pandemic [40] [89]. The present study also established that teachers whose income was negatively affected by the COVID-19 pandemic were more likely to suffer from depression. Therefore, the

effects of reduced or unstable income could have predisposed individuals to depression [92] [94]. Studies have shown that reduced income is one of the major factors that perpetrate mental health problems, especially among individuals, as this may affect their financial responsibilities [95]-[100]. Sensitisation of mental health problems should be heightened in schools to increase awareness among students and teachers.

We are aware that this study has limitations. For instance, this study was conducted in Lusaka district, therefore, the findings may not be generalised to the entire country. In addition, the use of a quantitative cross-sectional study may not provide the detailed factors that contributed to increased mental health challenges among teachers. However, the findings highlight the need to provide mitigation measures against the mental health impacts of disease outbreaks on the teaching profession. Therefore, we postulate the need to conduct in-depth qualitative studies to understand the factors that contribute to the mental health problems faced by teachers during pandemics like the COVID-19 crisis.

5. Conclusion

Our study reveals that secondary school teachers battled with considerable anxiety and depression in the wake of the COVID-19 crisis. The mental health challenges were particularly prominent among teachers who had personal relations falling ill or who succumbed to COVID-19. Moreover, those who were quarantined, had pre-existing chronic conditions, or faced financial hardships due to the pandemic were also disproportionately vulnerable to mental illness. Considering these findings, there is an urgent need to develop and implement effective measures to alleviate mental health challenges among teachers in secondary schools, and possibly in higher learning institutions. Doing so will ensure a healthy and conducive learning environment for optimum academic outcomes.

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Conflicts of Interest

The authors declare no conflicts of interest.

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